REQUI FOR PATENT FEE REFUND						
Date of Request: 3-8-9/ Serial/Pa				t #:	6635	66
Please refund the following fee(s): -		PAPER NUMBER		DATE FILED	AMOUNT	
V	Filing -				3-4-91	\$30.00
	Amendment					\$
	Extension of Time					\$.
	Notice of Appeal/Appeal					\$
	Petition					\$
	Issue					\$
	Cert of Correction/Terminal	Disc.				\$
	Maintenance					\$.
	Assignment			•		\$
	Other					\$
			TOTAL AMOUNT \$ 30.00			\$ 30.00
			TO BE REFUNDED BY:			
REASON:		Treasury Check				
10	Overpayment		•	Credit Deposit A/C #:		
	Duplicate Payment					
No Fee Due (Explanation):						
REFUND REQUESTED BY:						
TYPED/PRINTED NAME: DELBERT W. ESTELT TITLE:						
SIGNATURE: Delbert W. loty PHONE: 308-1202						
OFFICE: ONIAR						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED. Meda Conselly DATE: 6/11/7/						

Upon completion of this form, attach original and one copy to the file and mail or hand-carry to: